

1942 — SILVER ANNIVERSARY — 1967



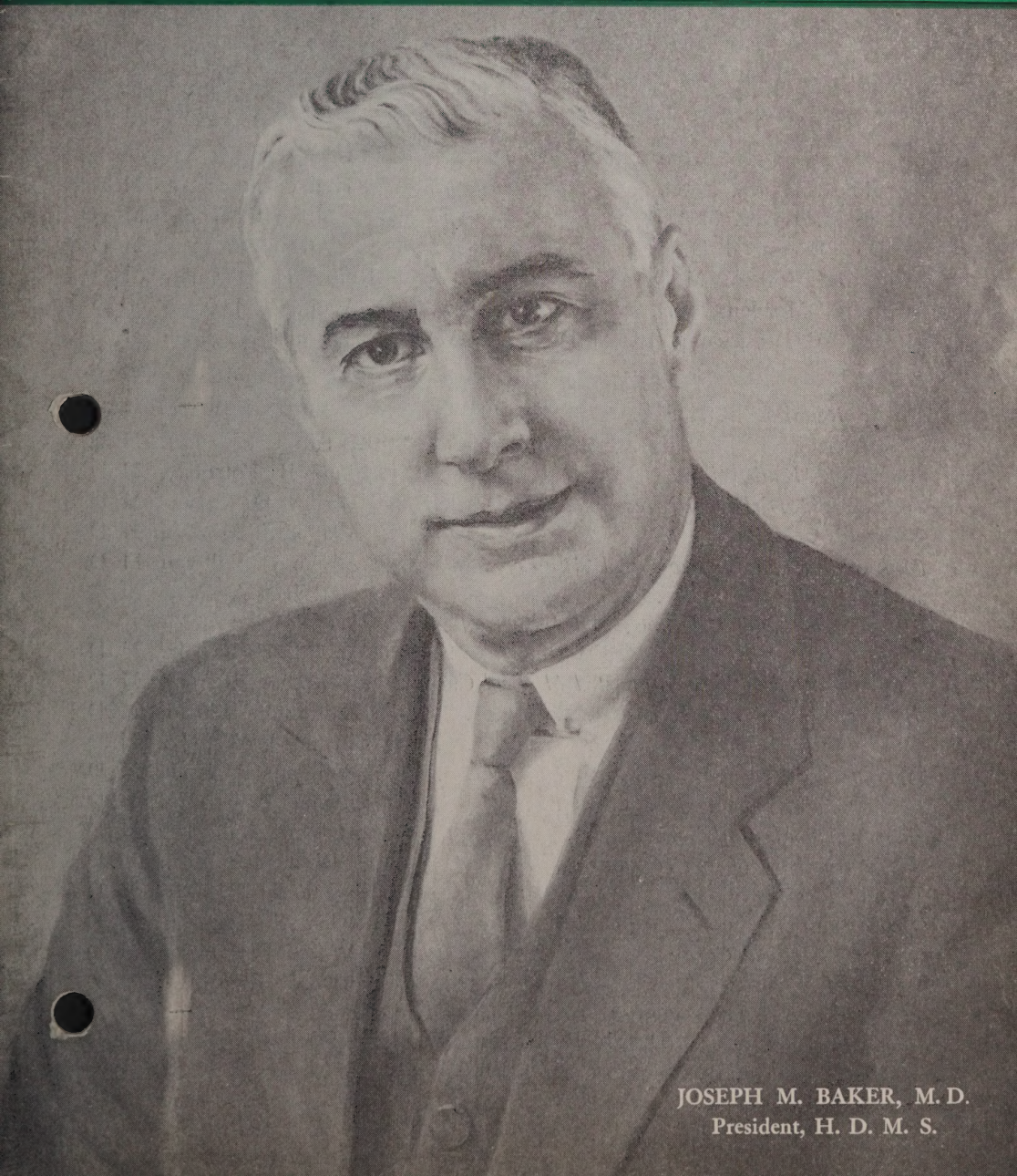
# The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXIII

MAY, 1967

NO. 5



JOSEPH M. BAKER, M.D.  
President, H. D. M. S.

## Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS. 01109

Telephone: 736-0661

Vivian M. Purdy, *Executive Secretary*

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| <i>Vice President and President-Elect</i> . . . . . | Joseph M. Baker, M.D. |
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| Joseph M. Baker, M.D.          | <i>ex-officio</i> | John F. Griffin, M.D.    |
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| Walter S. Mozden, M.D.         | 1968              | Walter J. J. Nero, M.D.  |
| Eugene W. Beauchamp, Jr., M.D. | 1969              | Emanuel Wiedman, M.D.    |

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| <i>Insurance, Labor Relations, and Industrial Accidents</i> . . . . . | Eugene W. Beauchamp, Jr., M.D.                  |
| <i>To Committee on Tax-Supported Medical Care</i> . . . . .           | Harry J. Roberts, M.D.                          |
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| <i>Disaster Medical Care</i> . . . . .                                | Walter S. Mozden, M.D.                          |
| <i>Medico-Religious</i> . . . . .                                     | Garry DeN. Hough, III, M.D.                     |
| <i>Representatives to Community Council</i> . . . . .                 | Donald R. Hayes, M.D. and Joseph M. Baker, M.D. |

# The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."

Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

## BOARD OF EDITORS

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## EDITORIAL

### ROOM AT THE TOP

The rapport between Hampden District and its parent organization, the MMS, has always been beyond reproach. This is, of course, as it should be; there are no two ways about it. The only reason for mentioning it at all at this time is to salute our State Society on the occasion of its 186th Annual Meeting currently held in Boston.

The response from Boston to our call for counsel and guidance has always been prompt and cordial. There are, however, those among us who believe that this isn't enough. MMS headquarters, it is argued, could well offer its Districts more positive and more vigorous leadership. All of the major programs of Hampden during the last decade or two were initiated by local leadership. This is as true of the Health Forums of 1955 and 1956 as it is of the more recent Medico-Legal, Medico-Religious, Automobile Accident

FOR NEW OFFICERS and COMMITTEES, SEE PAGES 6 and 8

Prevention, Hampden Alert, Polio, Scholarship Fund, Sports Injury, et programs. There is, of course, nothing wrong with this. All districts share the responsibility of promoting the greatest variety of meaningful programs. It seems logical to assume however, that a few ideas and suggestions from Boston might well have stimulated us from time to time to even greater heights of effort and accomplishment.

It has been suggested that Boston at one time was accused of being dictatorial and that because of this had decided to withhold even mere suggestions from its 21 component or district societies. But suggestions are not commands, and democratic leadership is far from being synonymous with totalitarian regimentation. There is very little doubt but that our District Societies would not only welcome recommendations from Boston but would also interpret them as a sincere desire on the part of our State Society to be salutary and helpful.

At the present time no District Society has a way of knowing what the other Districts are doing. Here is another area where the MMS can prove beneficial to its several Districts. All it calls for is the establishment of a "clearing house" for all state-wide activities. The MMS Newsletter, for instance, might be expanded to serve as a central communication agency publicizing regularly all significant District activities in a manner similar to the way the Bay Stater reports on all Auxiliary activities and doings. But this is but one of a number of possible ways of improving our rapport with MMS headquarters.

The above impressions were jotted down only after considerable dialogue with some of the leading members of our Society. The consensus was practically unanimous that the present rather passive, "ivory tower" system in Boston might profitably be replaced by one much more positive and more assertive in character. This in no way reflects on the excellence of our State Society which is not only one of the oldest but also one of the best and most respected in the U.S.A. Its Council meetings are the epitome of democracy in action, and its call for constructive criticism has always been loud and clear. There is ample reason to assume, therefore, that 22 The Fenway will more than welcome the suggestions embodied in the above paragraphs.

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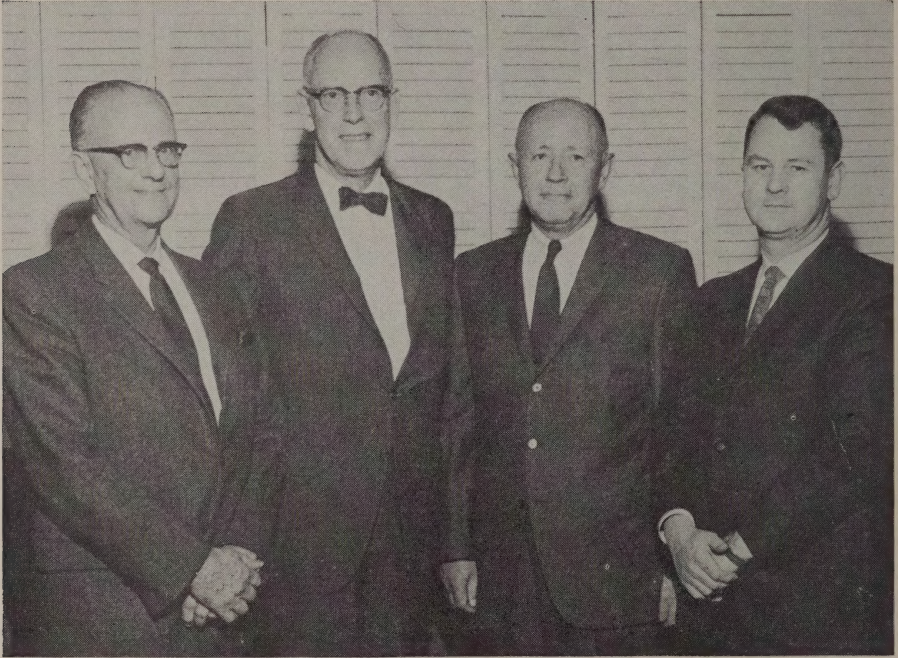
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## ANNUAL MEETING HIGHLIGHTS

APRIL 20, 1967



Left to right: Dr. Wayne C. Barnes, President-Elect; Dr. Donald R. Hayes, outgoing President; Dr. Paul T. Moore, Treasurer; and Dr. John F. Griffin, Secretary.

The Annual Meeting of HDMS was held at the Shaker Farms Country Club with President Hayes calling the meeting to order at 6:25 p.m. Attendance: 122; reservations, 152.

Inasmuch as the regularly scheduled meeting of February 7, 1967, was "snowed out", the minutes of the last meeting, namely, Dec. 6, 1966, were accepted as read.

The membership then observed a moment of silence in respect for the nine members of the Society who had passed away during the year: Edward C. Harrington, Holyoke; Frank A. Mahoney, Jr., Longmeadow; George L. Schadt, Princeton, Mass.; Benjamin Bronson, Westfield; Allen M. Hill, Chester; Louis E. Hathaway,

Jr., Springfield; Ralph T. Miller, Ware; Philip H. Clark, Holyoke; and Cyril E. Shea, Chicopee.

President Hayes called attention to the "annual committee reports without recommendations" as published in the April issue of the *Hippocrat*; these were accepted. There were no committee reports with recommendations from the Executive Committee nor was there any old business to clean up. Under new business Dr. Hayes brought up the recommendation from the Executive Committee that the Society change its policy of four regular dinner meetings per year to two dinner meetings and two meetings without dinner in the interests of economy.

After considerable discussion and based on the thesis that the attendance at meetings without dinners would be poor, this recommendation was not accepted by the membership.

Dr. Moore then rendered the Treasurer's report along with the recommendation that the dues for the coming year be \$45.00. This report along with the dues recommendation was accepted by the membership as well as the report of the Auditing Committee as presented by Dr. Wales.

The meeting was then recessed for a collation following which a 50 year membership certificate was presented to Dr. William J. Dillon.

The report of the Nominating Committee was presented by Dr. Coen; this was unanimously approved (see page 6),

Retiring President Donald R. Hayes

expressed his gratitude to all committees and especially to the Executive Committee and Mrs. Purdy for their assistance and cooperation during his tenure of office; thereupon, he turned the meeting over to Dr. Griffin, Secretary, in the absence of Dr. Joseph M. Baker, the newly elected President. Dr. Griffin announced Dr. Baker's appointments to the various committees of the Society for the coming year (see Page 8).

There being no further business, the meeting was adjourned at 9:16 p.m. #

#### Councilors Elect

The Councilors met immediately after the Annual Meeting and elected Dr. John C. Ayres as the Alternate to the Executive Councilor Dr. Thomas F. Reilly for the coming year.

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# REPORT OF NOMINATING COMMITTEE

April 20, 1967

Your Nominating Committee presents the following slate of officers for the year 1967-1968:

|                                              |                 |
|----------------------------------------------|-----------------|
| <i>President:</i>                            | Joseph M. Baker |
| <i>Vice President &amp; President-Elect:</i> | Wayne C. Barnes |
| <i>Secretary:</i>                            | John F. Griffin |
| <i>Treasurer:</i>                            | Paul T. Moore   |
| <i>Assistant Secretary:</i>                  | Bruce B. Stoler |

## *Executive and Grievance Committees:*

|                  |            |                          |
|------------------|------------|--------------------------|
| Joseph M. Baker  | ex-officio | Donald R. Hayes          |
| Wayne C. Barnes  | ex-officio | Paul T. Moore            |
| John F. Griffin  | ex-officio | Bernard Bloom            |
| Walter S. Mozden | 1968       | Walter J. J. Nero        |
| Emanuel Wiedman  | 1969       | Eugene W. Beauchamp, Jr. |
| Harry Anton      | 1970       | Garry DeN. Hough, III    |

## *Councilors:*

|                      |             |
|----------------------|-------------|
| Malcolm Allan        | Springfield |
| John C. Ayres        | Springfield |
| Bernard Bloom        | Springfield |
| George Bronos        | Holyoke     |
| Henry Burkhardt      | Holyoke     |
| John J. Callan       | Palmer      |
| Elmer F. Franseen    | Springfield |
| Bernard N. Gilchrist | Springfield |
| Donald R. Hayes      | Springfield |
| Joseph R. Kelly      | Holyoke     |
| Robert LaMarche      | Springfield |
| Richard J. Maher     | Holyoke     |
| Frank G. Mills       | Westfield   |
| Theodore R. Miner    | Springfield |

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| Walter J. J. Nero  | Springfield |
| Thomas F. Reilly   | Springfield |
| Howard N. Simpson  | Springfield |
| Karel J. Susat     | Holyoke     |
| John W. Turner     | Springfield |
| H. Bernard Tillman | Springfield |

*Councilors Ex-Officio:*

|                   |                           |
|-------------------|---------------------------|
| Joseph M. Baker   | (President, HDMS)         |
| John F. Griffin   | (Secretary, HDMS)         |
| Edward P. Baggett | } (Past Presidents, HDMS) |
| Allen S. Johnson  |                           |

*Supervising Censor:*

Malcolm S. Allan  
(Term expires 1972)

*Censors:*

|                   | Term expires |
|-------------------|--------------|
| William M. Davis  | 1968         |
| Mendel Mazer      | 1968         |
| Walter J. J. Nero | 1968         |
| Irving Hoff       | 1970         |

*Commissioner of Trials:*

A. A. Palermo

*Public Relations Councilor:*

Bernard Bloom

*Legislative Councilor:*

Karel J. Susat

*Nominating Councilor:*

Theodore R. Miner

*Alternate to Nominating Councilor:*

Elmer F. Franseen

*Representative to State Committee on Tax Supported Medical Care:*

William Beachman

*Nominating Committee for 1967-1968*

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John J. Burke  
Carlo Montori

William B. Coen, Chairman



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**HDMS COMMITTEES FOR 1967-1968**

The following committees were appointed by President Joseph M. Baker, M.D. at the Annual Meeting, April 20, 1967.

**Public Relations**

Bernard Bloom, Chairman  
Emanuel Wiedman  
Kenneth Collard  
Frank Mills  
Omar Pace  
James Visconti

**Legislative**

Karel J. Susat, Chairman  
Walter S. Mozden  
Joseph Corcoran  
William Davis  
Robert Mandell

**Blue Shield District Professional Service**

Walter D. Carver, Chairman  
Charles D'Avanzo  
Thomas B. Efford  
Waclaw Hojnoski

**Malpractice & Medico Legal Affairs**

A. A. Bloniarz — 1968  
John J. Burke — 1969  
Leon M. Kruger — 1970  
Joseph Hahn — 1971

**Public Health**

Robert A. Sears, Chairman  
J. J. Arenstam  
J. C. Ayres  
David E. Booker  
Louis A. Izenstein  
Paul T. Moore  
Sydney Nathans  
Thomas F. Reilly  
Roland Stebbins  
Howard Turner  
Ellsworth Twible  
John Zadworny

**Members Insurance Programs**

H. Bernard Tillman, Chairman  
Aaron Burkin  
Robert Cahill

R. Gelfman  
Sol M. Gold  
Rene Hebert  
Rocco A. Verilli  
Setrag Zacarian

**Emergency Medical Service**

Harold E. Williams, Chairman  
William W. Byrnes  
Donald G. Wetherbee  
John F. Appel

**Mental Health**

Eugene G. Boss, Jr., Chairman  
Joseph V. Baldwin  
Joseph Bernstein  
Raymond Casella  
Louis C. Clarke  
Michael Green  
Robert Harrington  
William D. Kiss  
John A. Larson  
Ralph H. Leven-Epstein  
Stanley D. Rapinchuk

**Community Council Representatives**

Joseph M. Baker  
Wayne C. Barnes

**Audit**

B. Lincoln Wales, Jr., Chairman  
Allen Johnson

**By-laws**

Max Millman, Chairman  
John F. Griffin  
Harry N. Memery  
Theodore R. Miner  
Bruce B. Stoler

**Insurance, Labor Relations & Industrial Accidents**

M. Gene Black, Chairman — 1968  
Joseph R. Kelly — 1969  
Mordecai Berkowitz — 1970  
Harry G. Tapp — 1971

**Disaster Medical Care**

William Cummings, Chairman  
 Alfred N. Aborjaily Noble  
 John C. Ayres Municipal  
 Mordecai Berkowitz Shriners  
 Ralph O. Brown Wesson Mem.  
 Roland R. Cartier Western Mass.  
 William Cummings Mercy  
 Frank K. Duffy Wing Mem.  
 William Duval Mary Lane  
 Norman Epstein Wesson Mat.  
 Silvano Macchiaroli Springfield  
 Isak O. Meshulum Holyoke  
 Walter S. Mozden Springfield  
 Roger G. Osterheld Monson St.  
 Karel J. Susat Providence

**Medico-Religious**

Leroy J. Kendrew, Chairman  
 James G. Fitzpatrick  
 William N. Hill  
 Edward Levitz  
 Harry Michelson  
 Francis A. Teta  
 Ralph Williams  
 Theodore Hoffman

**Woman's Auxiliary**

Carlo Montori, Chairman  
 Bernard Bloom  
 Karel Susat

**Scholarship Committee**

B. Lincoln Wales, Jr., Chairman  
 Victor Grover  
 Frederick Hopkins

**Diabetes Detection**

Louis A. Izenstein, Chairman  
 J. J. Arenstem  
 Eoline DuBois  
 William Duval  
 Ellis Joffe  
 John Maloney  
 Max Millman  
 Paul T. Moore

**Advisory Committee on Utilization**

Allen S. Johnson, Chairman  
 Henry Burkhardt  
 Bernard N. Gilchrist  
 Howard N. Simpson  
 John Turner

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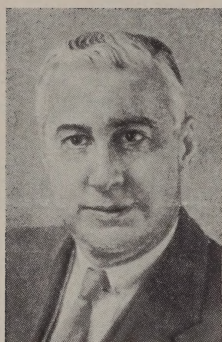
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# President's Page



## CHANGES IN MEDICINE

Changes in medical patterns will come from within the profession itself as well as from such forces as the Federal Government. The latter has already developed such programs as nation-wide regional medical centers for cancer, stroke, and heart disease.

At a recent conference of regional planners a well known university professor of medicine was asked if these centers would be effective without interfering with the private practice of medicine. His reply: "It is my hope and expectation that there would be interference with the practice of medicine by these programs; interference that will bring good both to the practitioner and to the patient."

Changes within the profession can be expected. IBM is developing a system that enables the physician's office or hospital to be connected to a computer wherein would be stored all the latest medical knowledge. The physician can retrieve any information he desires by way of a small portable key-board and display screen.

In the next three decades there will be changes of marked significance.

In 1937 the medical profession's problem was certified milk and in 1967, population control, Medicare, and vascular surgery. In 1997, whatever changes may come about will probably be reported in the "Hippocrat."

JOSEPH M. BAKER, M.D.

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## WOMAN'S AUXILIARY ANNUAL MEETING



L. to R.: Mrs. Frank G. Mills (Legislative Chairman); Mrs. Setrag Zacarian (President); Mrs. J. Harry Fierman (President of Woman's Auxiliary to the MMS); and Mrs. Eugene Beauchamp, Jr., (Past President and Director).

The Annual meeting of the Woman's Auxiliary to the HDMS was held at Betty's Old Towne House, Agawam, on Tuesday, April 11, 1967. Mrs. Eugene Beauchamp, Jr., outgoing President, reviewed Auxiliary events during the past year and thanked the Board of Directors and members for their help and cooperation.

The following slate of officers for the coming 1967-68 season was presented by Mrs. Joseph Angelica, Chairman of the Nominating Committee, and was accepted unanimously:

President, Mrs. Setrag Zacarian; President-Elect, Mrs. Walter Moz-

den; Recording Secretary, Mrs. Gardner Cox, II; Corresponding Secretary, Mrs. Sawyer Medbury; Treasurer, Mrs. John Griffin; Scholarship Treasurer, Mrs. Leslie Parent; Directors, Mrs. Eugene Beauchamp, Jr., Mrs. Edward Caruso, and Mrs. William Kisiel.

Mrs. Richard Paul will head the Nominating Committee for 1967-68 season with Mrs. John Maloney as Co-Chairman and Mrs. Charles Diamond, Mrs. Leonard Plotkin, and Mrs. James Visconti assisting.

Guest of Honor at the meeting was Mrs. J. Harry Fierman, State Aux-

iliary President, who installed the new officers.

When the gavel was turned over to the new President, Mrs. Setrag Zacarian, she presented a gift from the Auxiliary to Mrs. Eugene Beauchamp, Jr., for her leadership during the past year.

Mrs. Jean-Paul Aucoin  
Publicity to the Hippocrat

### DOCTOR'S DAY HONORS

On the occasion of his 50th anniversary in the HDMS, the Woman's Auxiliary to the HDMS made a donation to the AMAERF in the name of Dr. William J. Dillon on "Doctor's Day," March 30. The citation by Mrs. B. D. Galuska read as follows: "We extend to you our sincere congratulations upon the fiftieth anniversary of your service in the field of medicine. These fifty years of dedicated service to the community and mankind have brought distinction and credit to you and to the medical profession. As a token of our deep gratitude and appreciation, this donation has been made in your name so that others may follow in your footsteps and uphold the noble ideals and standards that you have maintained during the past fifty years."

Mrs. Jean-Paul Aucoin  
Publicity to the Hippocrat

Dignity does not consist in possessing honors, but in deserving them.

—Aristotle

### EXECUTIVE COMMITTEE (Highlights)

The Executive Committee met on Monday evening, April 17, 1967, in the Conference Room of the HDMS. Present were Drs. Hayes, Griffin, Moore, Stoler, Mozden, Beauchamp, Jr., Burkhardt, Adham, and Mrs. Purdy.

The meeting was called to order at 8:10 P.M. by Dr. Hayes.

The minutes of the March meeting were approved as read.

#### Correspondence

Informational letters were read from Dr. Twible and Dr. Gallagher. Letters of thanks were read from the Springfield Art League and Shaker Farms Country Club relative to joint meeting of the HDMS and the HCBA.

A letter about the Neighborhood Council was read and copies are to be forwarded to the Chiefs of Pediatrics at both the Mercy Hospital and The Springfield Hospital.

An interesting letter from a representative of the SSA was read and is reprinted below:

March 24, 1967

Dear Sirs:

I am writing you as Medical Consultant for the Bureau of Health Insurance and the Medicare Program to open a communication line between members of your Society and those of us in Government.

I have already been in touch with many of the Medical Specialty Groups  
(More on Page 14)

COMPLIMENTS

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as well as the State Medical Societies and have established informative and constructive open channels which have proved helpful to medicine and to those of us administering the medicare program. In your position, you may fall heir to comments and suggestions regarding the medicare program and we are anxious to serve your needs in any way possible. The Bureau of Health Insurance has been extremely conscious of medical opinion from the onset of this legislative program. You and your colleagues are important to the success of the program and the establishment of more direct communication should be of value to all.

We have prepared some information which is explanatory of medicare and which you might find helpful. Also, please let us know if we can be of help at your meetings and programs. The Social Security Administration is most anxious to attend at any time it will be helpful to you and members of your organization. The Bureau of Health Insurance has Regional Representatives throughout the country. The Regional Representative for Health Insurance in your area is Mr. Philip J. Gralton, Jr., John Fitzgerald Kennedy Federal Building, Room 1512, Boston, Massachusetts 02203.

If I can be of personal assistance to you, please do not hesitate to let me know.

Sincerely yours,  
Erwin Witkin, M.D.  
Medical Consultant  
Bureau of Health Insurance

#### Committee Reports

All informational annual reports of HDMS committees as printed in the *Hampden Hippocrat* were accepted by the Committee. These reports are to

be presented at the Annual Meeting.

Two by-laws amendments as submitted by the Committee on By-Laws were discussed and will be published in the *Hampden Hippocrat* in the near future.

Dr. Moore gave the Treasurer's report and presented the budget for the year 1967-1968. These are to be presented at the Annual Meeting.

A report was given by Dr. Hayes and Dr. Griffin on a meeting held with representatives of the Springfield Department of Public Welfare. More details will be given to the membership both at the Annual Meeting and in the form of a newsletter or article in the *Hippocrat*.

A discussion was held on the advisability of holding two dinner meetings and two other meetings without dinner during the year to cut down on expenses. It was decided to pass this matter on to a vote by the membership at the Annual Meeting.

The Executive Committee meeting was adjourned at 10:50 P.M.

The Grievance Committee convened and heard one grievance.

This meeting was adjourned at 11:15 P.M.

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## REHABILITATION NEEDS OF NURSING HOME PATIENTS IN THE SPRINGFIELD AREA

By

MALCOLM S. ALLAN, M. D.

Chairman, H.D.M.S. Advisory Committee

To The Springfield Area Community Health Study  
Implementation Phase

In the fall of 1965, The Springfield Area Community Health Study completed its fact-finding mission and in December of that year, published a complete report along with many recommendations. Many members of the HDMS participated in this extensive study together with many other interested and concerned people and community organizations. Among the many recommendations was one for the formation of an "Implementation Committee," and this was done in 1966. At about the same time, some of the hospitals in the area formed a Regional Hospital Planning Council to further interests of a joint nature.

Following these developments Dr. Hayes appointed an Advisory Committee for implementation of the Springfield Area Community Health Study, which was welcomed by both of the above groups. It was agreed that this committee would act in an advisory capacity and report developments to the President and/or the Executive Committee of the HDMS.

This new committee has thus far had good relations with The Regional

Hospital Council and has had several meetings with the above-mentioned "Implementation Committee." The first major achievement of this latter committee was an exhaustive study of the rehabilitation needs of nursing home patients in this area as carried out by The Easter Seals Society. A report on same was submitted to the HDMS Advisory Committee in February of 1967.

This comprehensive study by a team of specialists under Dr. Naomi Unger included 210 patients (a 15% random sample) in 24 licensed nursing homes in the area. The average age of the patients was 77, the median 80, and more than 90% were aged 65 or above with 71.3% receiving some form of public assistance. It was found that 65% of all patients had a significant loss in either skeletal system, motor tone and power, or coordination and that 34% had significant loss in two or more of these areas. Visual defects were significant in 31%; hearing, in 21%; and both, in 10.5%. Mental status observations revealed that 25%  
(More on Page 16)

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were confused most of the time and that over 60% were alert. Moreover, 37% showed a functional deficit in eating ability; hence, dental status was significant.

The need for further medical attention beyond the routine check-up was noted in 19% of the sample group. A regular program of physical therapy was required by 11.6% and periodic or occasional visits by 34%. For occupational therapy, the need for frequent visits was seen in 3.4% and for periodic visits in 11.6% of the patients. Rehabilitation nursing needs showed 63.1% required supervision by a rehabilitation nurse and staff education in these technics. In the speech and hearing area, staff education was the greatest need since 92.5% showed a need for special staff consideration in dealing with the patient. Beyond staff needs, 1.4% of the patients were found to need speech therapy and 9.2% required hearing therapy. Counseling was indicated in 6.3% and psychological attention in 4%.

The majority of nursing homes provide no consistent rehabilitation services to attain a higher level of independence in activities of daily living. Of the 24 nursing homes studied, only 6 had staff physical therapists on a regular full or part-time basis. In addition, 9 had V.N.A. or other service "on call", and the remainder had no service. A registered occupational therapist was listed on the staff of two

homes; unregistered therapist, in two homes; and so-called occupational-recreational programs by staff or volunteers were available in 13 other homes. It seemed obvious that in most cases, services were limited in scope and insufficient to meet needs. It would appear that a considerable increase in rehabilitation services is indicated.

It was concluded that most patients could learn to function at a higher level if positive motivation were stressed and patients were encouraged to perform at maximum levels by a staff oriented in rehabilitation philosophy and technics. Patient evaluations by trained rehabilitation workers with follow-up planning conferences would be ideal. The need for direct rehabilitation services and inservice training for nursing home staffs is obvious.

The HDMS Advisory Committee reviewed the findings and recommendation of the study groups and made the following comments and recommendations to the "Implementation Committee":

- 1) The report on the Nursing Home Study has been examined and found to be exceptionally complete and thorough and

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deserves commendation.

- 2) It is understood that funds from some source or other may be available for the implementation of the recommendations of this report. It is realized that para-medical staff for the purposes mentioned are in extremely short supply. With these two facts in mind, the Committee suggest the possibility of a travelling staff composed of rehabilitation and occupational-therapy experts as well as other members of such a team, which could service various nursing homes willing to participate in such a scheme. Such a travelling staff could spend a day or so at a time in

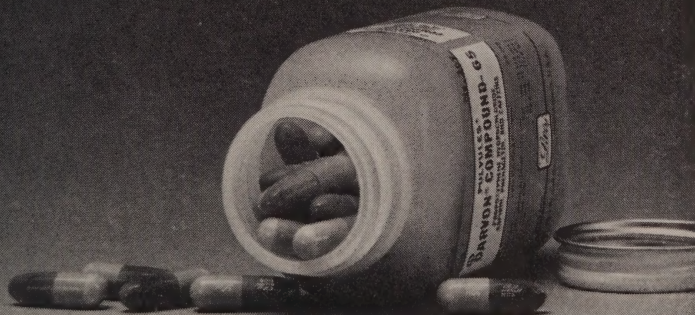
each nursing home, demonstrating and stimulating the local staffs in an attempt to accomplish the recommendations of the Study. Details, of course, would remain to be worked out.

- 3) A series of lectures to be given by experts at some central point for the staffs of the nursing homes. This could prove stimulating to the staffs and, hopefully, to the doctors who have patients in the various nursing homes.
- 4) A report of 1) and 2) above to the HDMS might fall upon some receptive ears.

#

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## BOON OR BOONDOGGLE

We have yet to masticate Medicare and Medicaid, to say nothing of contemplating such other tid bits as Preventicare, when out of the planning kitchens comes another new delight — almost unnoticed but potentially far reaching. What is this smoldering newcomer? Why it's free medical care in the neighborhood health center as financed by the federal government.

### Neighborhood Health Center Program

A "big berth" from the government's antipoverty arsenal has been drawn out by enthusiastic knights in gilded armor with a variety of well-intentioned and altruistic proclamations. "Since the poor have higher incidences of diseases, they need greater medical attention." "Until now, it's been a case of the poor getting sicker and the sick getting poorer." Low income, ghetto residing families provided with virtually all ambulatory health care services around the clock at one central neighborhood center can be helped to break out of the cycle of poverty, ill health, unemployment, and illiteracy. Moreover, with advance scheduling of appointments in easily accessible centers, impersonal and fragmented health care at existing, or non existing, and inconveniently located outpatient clinics can be done away with.

To attain these noble goals, the O. E.O. (Office of Economic Opportuni-

ty) planners have \$49 million from federal coffers during the current fiscal year to play with. These officials estimate that the average neighborhood health center requires about \$2 million per year in federal funds to operate. Considering the \$49 million available, one can easily estimate the number of more centers that can be operational in the immediate future. Moreover, the \$49 million figure is misleading, for other federal monies can also be obtained in large chunks via special grants from the Children's Bureau of the H.E.W. and reimbursements from Medicaid (Title XIX). Hence, it is conceivable that within a couple or so years, some 30-40 centers will be operating and spending more than \$150 million annually in federal funds.

The neighborhood health center program was established in 1965 under Section 207 of Title II (Community Action Programs) of the Economic Opportunity Act with the federal government being authorized to pay up to 100% of a health center's operating costs. There are three centers already

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in operation: the Tufts University project at Columbia Point (Boston), the Denver Neighborhood Health Center, and the Gouverneur Ambulatory Care Unit (part of the Beth Israel Medical Center) in New York City. Another five centers have been funded but are not as yet operational: Bronx, N. Y., Boliver County, Miss., the Watts area of Los Angeles, and two in Chicago. Moreover, the O.E.O. has some 30 applications which it hopes to approve soon as well as inquiries from more than 100 other communities, including Springfield.

Although the operations of each neighborhood health center are intended to be uniquely designed to serve its own neighborhood, the O.E.O. has recently issued a set of guidelines for interested, potential grantees. It is suggested that 25 to 30,000 people located in one or more "census tracts" — small geographic areas regularly surveyed by the Census Bureau for data on population, racial characteristics, income, etc. — would make an ideal serviceable population. Secondly, standards of eligibility for participating residents, including a maximum income per family, are to be established by local grant recipients. Furthermore, local advisory groups are to be formed from interested citizens in the neighborhood with an eye to assisting the health center staff in determining the medical needs of the populace and removing obstacles toward mass utiliza-

tion of the center's services. The said advisory councils are to help train neighborhood residents as health workers at the center or at nearby health facilities.

### Centers Operational

The broadest program is under the auspices of Tufts University Medical School with operations going on in Boston and a rural region in Mississippi. In Boston, a dozen apartments of the Columbia Point housing project have been turned into a neighborhood health center, which has already provided care to over 75% of the 6,500 area residents. Eighty percent of the center's non-professional jobs are filled by area residents. This Tuft's North-to-South project is expected to provide services for both ends of the "great northern migration route from the South" and also data to guide the

(More on Page 20)



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development of health projects elsewhere in the U. S.

A grant of 2.2 million dollars has been given to the Montefiore Hospital, N. Y., to develop a Family Care Health Center by moving the outpatient department from the Morisania Hospital to a five-story industrial building which is currently being remodeled so that services can be closer to the people. In addition, two "store-front" health stations in the fifty-five block area served are to be staffed by area residents who will give information to persons in need of help and get them to the main center for treatment and counseling. This center is expected to be operational by June of 1967.

Another variation is the Gouverneur Ambulatory Care Unit of the Beth Israel Medical Center, N. Y., where the population to be served is to be expanded from approximately 35 to 55,000 people by adding night clinics, dental services, and health education programs. Moreover, the responsibility for arranging care will be transferred from the patients to trained neighborhood workers.

Another innovation is in Denver, where three small busses driven by neighborhood residents provide transportation for those too ill or too poor to use public transportation.

### What of The Future

So far, no formal evaluation of the health center program's performance has been published, but controversy seems to be rearing its head. One area of discussion relates to the competency and motivation of various centers' staffs. There is criticism concerning "means tests" applied to residents of each area served by a free health care center as well as the "dampening" effect on self-motivation. Oper-

ating costs which run \$80 to \$90 per patient per year and which are considerably higher than average per capita cost are another area of contention. The latter are rationalized away on the basis of better quality of care and convenience.

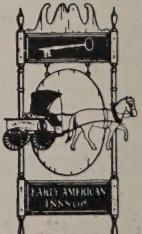
Whatever today's pros and cons of the neighborhood health center program may be, there must be raised an even greater and far reaching question of principle. Is this federally financed free health care program a forerunner and a paver of the way for other direct health care programs financed by "Uncle Whiskers"? If the program should expand to hundreds of communities and beyond the present bounds of low income eligibility, it could become a more socially and politically significant, as well as controversial, evolution than any other federal health program enacted thus far. As a matter of fact, there are those who say that, "despite its present limited scope, the neighborhood health center represents true blue socialized medicine in its most crystal clear form to date."

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—Elbert Hubbard

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### HAMPDEN CAPSULES

Dr. Victor Grover has been elected Third Vice President of American College of Physicians in San Francisco.

— —

Dr. Garry Hough, III and Dr. Francis Teta were on TV Sunday, April 9, with Dr. Charles Barnes of Hope Congregational Church.

— —

Dr. Paul McCleave from the Medical-Religious Department of the AMA was on TV with Dr. Barnes also.

— —

Dr. Harry Michelson of Holyoke was elected President of the Western Mass. Psychiatric Society.

— —

Dr. Karel J. Susat of Holyoke was chosen by the state Americanism Committee of the American Legion to be the recipient of its annual award to a naturalized American who has achieved outstanding professional success.

— —

Dr. Osterheld of Monson spoke on the progress of Monson State Hospital in aiding the retarded at the 4th annual Beth El Brotherhood Youth Award dinner.

— —

Dr. David Williams was reappointed

to a three year term on the Conservation Commission by Mayor Ryan.

— —

Dr. Frederick Hopkins has been a member of the South Congregational Church for fifty years.

— —

### Speaking

Dr. Warhaftig on "Human Growth" at his church.

Dr. Barton participated in "FIT TO BE TIED" program in a church in Thompsonville, showing both films "Human Growth" and "Quarter Million Teenagers."

Dr. Zadworny spoke to Balliet PTA and Liberty School with "Human Growth" and "Quarter Million Teenagers."

Dr. Galuszka spoke to PTA in Chicopee and Woman's Club in Chicopee with "Human Growth."

Both films have been lent out to Westfield Teachers College for showing and also to West Springfield School Committee for showing.

— —

Dr. Booker spoke at the Greenwood Park School with "Human Growth."

— —

Dr. Teale spoke to St. Mary's Men's Club on "Heart Disease."

#



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### IN MEMORIAM

#### BERNARD F. GILCHRIEST, M.D.

Dr. Bernard F. Gilchrist of 93 Longhill St., Springfield, died at the Wesson Memorial Hospital on April 28, 1967.

Born on August 19, 1891, in Branford, Connecticut, Dr. Gilchrist attended public schools in New Haven, Connecticut, and went on to graduate from the Medical College of Virginia in 1917. After completing his internship at the Gouverneur Hospital, New York, in 1918, he went into the U. S. Army Medical Corps. where he served during World War I. In 1920, he came to Springfield where he practiced surgery until his retirement in 1954.

Dr. Gilchrist served on the medical staffs of the Mercy and Wesson Memorial Hospitals for many years. He was a member of the American Medical Association, the Massachusetts Medical Society, the Hampden District Medical Society, and the Springfield Academy of Medicine.

To his family, his many friends, and associates, deepest sympathy is hereby extended.

### COMING EVENTS

MMS COUNCIL MEETING, BOSTON, MAY 15

MMS ANNUAL MEETING, BOSTON, MAY 16, 17, and 18

HDMS EXECUTIVE COMMITTEE MEETINGS, MAY 23 and JUNE 13

AMERICAN COLLEGE OF PHYSICIANS (MASS. MEMBERS)

SPRINGFIELD, MAY 20

AMA ANNUAL MEETING, ATLANTIC CITY, N. J., JUNE 18 - 22

AMERICAN ORTHOPEDIC ASSOCIATION, HOT SPRINGS, VA., JUNE 26 - 29

## CORRESPONDENCE

## Congratulations

March 27, 1967

To the Editor:

On behalf of the more than 200,000 members of the American Medical Association I congratulate the staff, past and present, of *The Hippocrat* on its 25th anniversary and its publisher, the Hampden District Medical Society.

By informing, formulating, and unifying opinion of the Society's membership on both professional and public issues, *The Hippocrat* continues as an outstanding example of successful medical communications and a tribute to the foresight of its founders.

Sincerely  
Charles L. Hudson, President  
American Medical Association

To the Editor:

Happy Birthday to you, *Hampden Hippocrat*, and congratulations on your 25th Anniversary!

A quarter of a century is a long time according to most people's reckoning, and it is a long time for the continuing production of an excellent medical publication. Those now responsible should be proud, indeed! Those who have gone ahead, unquestionably would have gained deep satisfaction on the realization of how well their pioneering efforts have been followed and how excellent the results.

On behalf of the Massachusetts Medical Society, it gives me great pleasure to send you our warmest greetings, and deep wishes for many, many more successful years for Hampden District and its *Hippocrat*.

Sincerely,  
William Warren Babson, M.D.  
President, Mass. Medical Society

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## MASSACHUSETTS STATE MEETING OF AMERICAN COLLEGE OF PHYSICIANS

The Massachusetts members of the American College of Physicians will conduct for the first time an all-day scientific meeting at The Springfield Hospital on May 20, at 10:30 A.M. This meeting is in addition to, rather than a replacement of, the usual regional meeting of the College, which will continue to take place each fall in its usual rotation through the New England States, Quebec, and Maritime Provinces.

### SCIENTIFIC PROGRAM

#### Morning Session

Auditorium, Springfield Hospital  
3rd Floor

#### A.M.

10:30 Welcome - DANIEL S. ELLIS, F.A.C.P., *Governor of Massachusetts.*

Announcements - VICTOR GROVER, F.A.C.P., *3rd Vice-President, American College of Physicians*, Chief of Medical Service, the Springfield Hospital.

10:35 Greetings from College Headquarters - EDWARD C. ROSENOW, JR., F.A.C.P., *Executive Director, American College of Physicians.*

10:45 SYMPOSIUM ON PEPTIC  
to ULCER

12:15 P.M. Moderator  
DANIEL S. ELLIS, F.A.C.P.  
*Governor for Massachusetts*  
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GABRIEL M. MAKHLOUF, M.B., Ph.D., M.R.C.P., (by invitation), Assistant Professor of Medicine, Tufts University School of Medicine; Senior Physician, Lemuel Shattuck Hospital, Boston.

The Ulcer Patient Confronts the Internist.

PERRY CULVER, (Associate), Associate Physician, Massachusetts General Hospital; Associate Dean for Admissions, Harvard Medical School.

Enter, the Surgeon.

MELVIN P. OSBORNE, F.A.C.S., (by invitation), Associate Clinical Professor of Surgery, Harvard Medical School; Chief, Surgical Service, the Faulkner Hospital, Boston.

Question Period (written questions will be collected from the audience after each portion of the program and answered during this period).

#### P.M.

12:30 Massachusetts Society of Internal Medicine Luncheon.

(The Springfield Hospital Cafeteria, 2nd Floor)

#### Speaker

JAMES J. FEEFFER, F.A.C.P., *President, American Society of Internal Medicine.*

#### Topic

The Medicare Revolution  
(More on Page 26)

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**Afternoon Session***Moderator*

FRANCIS G. SOULE, JR.,

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- 2:00 Cerebral and Pulmonary Lesions; Comparative Value of Ultrasound for Diagnosis.

DONALD A. FORBES, M.B., B. Ch., B.A.O., (by invitation), Chief Resident in Gynecology, the Springfield Hospital; and PALANIVELU J. RAMASWAMY, M.D., (by invitation), Chief Resident in Medicine, Springfield Hospital, Springfield.

- 2:15 Folic Acid Deficiency Associated with Use of Contraceptive Pills.

THOMAS C. CLIFFORD, F.A.C.P., Chairman, Department of Medicine, Pittsfield Hospital, and Clinical Instructor in Postgraduate Medicine, Albany Medical College, Albany, N. Y.

- 2:30 The Effect of an Oral Progestin on Ventilation in Severe Emphysema.

ELIHU A. CHANNIN, M.D., (by invitation), Research Trainees in Pulmonary Physiology, Lemuel Shattuck Hospital; and JOHN M. TYLER, F.A.C.P., Chief, Pulmonary Division, Lemuel Shattuck Hospital, Boston.

- 2:45 Herediatry Angioneurotic Edema.

ALBERT L. CHEFFER, F.A.C.P., Research Associate, Immunology, Lahey Clinic Foundation and Robert Breck Brigham Hospital; and K. FRANK AUSTEN, F.A.C.P., Physician-in-Chief, Robert Breck Brigham Hospital, and Associate Professor of Medicine, Harvard Medical School, Boston.

- 3:00 Thyroid Nodules: Correlations Between Scan Patterns and Histologic Findings.

FRANCO NAVAIZIO, M.D., (by invitation), Department of Medicine, Wesson Memorial Hospital; and JOHN W. TURNER, M.D., (by invitation), Department of Radiology, Wesson Memorial Hospital, Springfield.

- 3:15 Post-infarction Symptomatic Left Ventricular Aneurysm-Clinical, Hemodynamic, Angiographic and Therapeutic Considerations in Three Operated Cases.

OSCAR E. STAROBIN, F.A.C.P., Director, Cardiopulmonary Laboratory, Memorial Hospital, Worcester, W. GERALD AUSTEN, M.D., (by invitation), Professor of Surgery, Harvard Medical School, Boston; and C. C. VARKEY, M.B., M.R.C.P., (by invitation), Resident in Cardiology, Memorial Hospital, Worcester.

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*Moderator*

FRANKLIN K. PADDOCK, F.A.C.P.  
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## 3:30 The F.D.A. and the Physician.

FRANK N. ALLAN, F.A.C.P.,  
Senior Consultant Bureau of Medicine,  
U.S. Food and Drug Administration,  
Associate Professor of Medicine,  
Boston University School of Medicine,  
and Clinical Professor of Medicine,  
Georgetown University.

## 3:45 Hepatic Alterations Following Experimental Tetracycline Toxicity.

WILLIAM V. ZUSSMAN, (by invitation),  
Pathologist, the Springfield Hospital,  
Springfield.

## 4:00 Exchange Transfusions in the Treatment of Hepatic Coma.

ROBERT L. BERGER, M.D., (by invitation),  
Assistant Professor of Surgery,  
Tufts University Medical School,  
Director of Cardiac Surgery and  
Surgical Research Laboratory,  
St. Elizabeth's Hospital;  
JOSEPH R. STANTON, M.D.,  
RODNEY M. LIVERSAGE, M.D.,  
JAMES H. GRAHAM, M.D.,  
and FREDERICK STOHLMAN, JR., M.D.,  
(all by invitation),  
Department of Medicine, Surgery and  
Pathology, St. Elizabeth's Hospital  
and Tufts University Medical School,  
Boston.

## 4:15 The Intravenous Use of Gamma Globulin.

JOHN HINMAN, M.D., (by invitation),  
Associate Staff and In-

structor in Medicine, New England  
Deaconess Hospital, Associate Investigator,  
Protein Foundations, and  
JAMES L. TULLIS, F.A.C.P.,  
Director Cytology Laboratory,  
Protein Foundation and Chairman  
Department of Medicine, New England  
Deaconess Hospital, Boston.

**SPECIAL LECTURE**4:30 Immunosuppressive Drugs.  
to

5:00 ROBERT S. SCHWARTZ, M.D.,  
(by invitation), Chief of Clinical  
Immunology, New England Medical  
Center Hospitals, Associate  
Professor of Medicine, Tufts University  
School of Medicine, Boston.

**EVENING PROGRAM**

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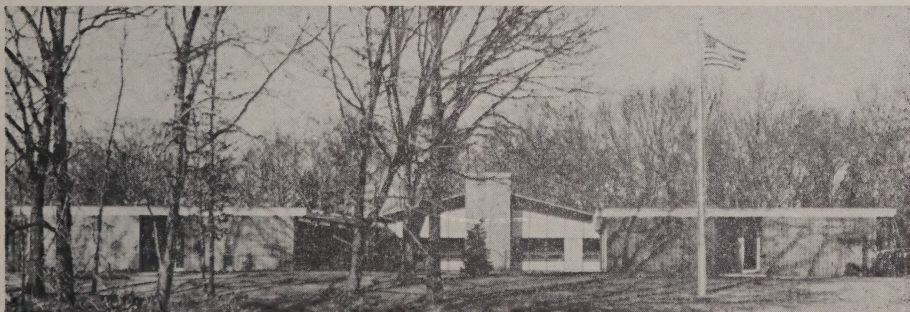
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